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GA U3722 /4

BOX NON-FEE AMENDMENT Assistant Commissioner for Patents Washington, D. C. 20231

TECHNOLOGY CENTER 3700

Atty. Dkt. No. 6928.004

Re:

Applicant:

Ron E. Goade, Sr.

Serial No.:

08/761,736

Filed:

December 5, 1996

For:

CARD DISPLAY PACKAGE

Transmitted herewith is an Amendment in response to the Office Action mailed August 26, 1998, in the above-identified application and:

- [X] Small entity status of this application under 37 CFR 1.9 and 1.27 has been established by a verified statement previously submitted.
- No additional fee is required for the Amendment. [X]
- [X] Applicant petitions for an extension of time under 37 CFR 1.136 (fees: 37 CFR 1.17(a)-(d)) for a total of (1) month with a total extension fee due of \$55.00. PLEASE CONSIDER THIS A PETITION THEREFOR.
- Pre-addressed Postal Card. [X]

The fee has been calculated as shown below:

| | CLAIMS | HIGHEST NO. | | SMALL E | אידדיץ | | THAN ENTITY |
|---------|-------------|---------------|------------|---------|--------|-------|----------------|
| | AFTER | PREVIOUSLY | PRESENT | ADT'L | | AD' | |
| | AMENDMENT | PAID FOR | EXTRA | RATE FE | E | RATE | FEE |
| TOTAL | 12 - | - 20 | 0 | X11= \$ | 00.00 | X22= | \$ |
| INDEP | 2 - | - 3 | 0 | X41= \$ | 00.00 | X82= | \$ |
| PRESENT | TATION OF N | MULTIPLE DEP. | CLAIM | X135 \$ | 00.00 | X270= | \$ |
| | | TOTAL . | ADDITIONAL | FEE \$ | _00.00 | TOTAL | \$ |

CERTIFICATE OF MAILING UNDER 37 C.F.R. § 1.8

ondence is being deposited on <u>December , 1998</u> with the United in an envelope addressed to the Assistant Commissioner for Patent, I hereby certify that this correspondence is being deposited on States Postal Service as First Class mail in an envelope addressed to t with the United Washington, D.C. 20231.

Nicholas D. Rouse
Name of applicant, assignee or
registered representative

- [X] Please charge Deposit Account No. 04-1700 in the amount of \$55.00 to cover the extension of time. A duplicate of this transmittal is attached.
- [] The Commissioner is hereby authorized to charge \$_____ to cover the fees for the additional claims to Deposit Account No. 04-1700.
- [X] The Commissioner is hereby authorized to charge any additional fees which may be required, or credit any overpayment to Deposit Account No. 04-1700.

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